

MIA 000 007 486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

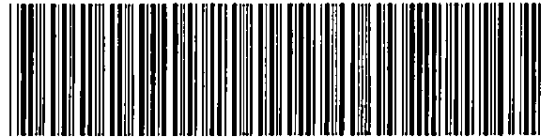
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*SH*  
*Call 10/10/06*

10/10/06 10:10:10

2006 OCT 21 PM 2:45

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Application Development Consultants, LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Summer Dukes

\_\_\_\_\_  
Name of Person

Potomac Law Group PLLC

\_\_\_\_\_  
Firm/Company

1717 Pennsylvania Ave NW, Suite 1025

\_\_\_\_\_  
Address

Washington, DC 20006

\_\_\_\_\_  
City/State and Zip Code

accounting@upshop.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Leung at ( 289 ) 814-3083  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

2025-10-21 PM 2:45

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Application Development Consultants, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)** \_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address  
MAY BE A POST OFFICE BOX)** \_\_\_\_\_  
\_\_\_\_\_

2. The Florida document number of this limited liability company is: M17000007486

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/30/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Upshop LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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2025/03/21 P11 2:45

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Patrick Leung  
Signature of the authorized representative

Patrick Leung / Treasurer

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

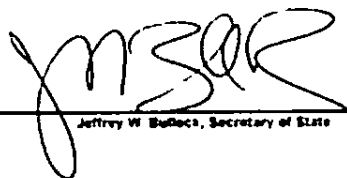
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "APPLICATION DEVELOPMENT CONSULTANTS, LLC", CHANGING ITS NAME FROM "APPLICATION DEVELOPMENT CONSULTANTS, LLC" TO "UPSHOP LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2024, AT 9:45 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

6519256 8100  
SR# 20243804543

Authentication: 204510499  
Date: 09-30-24

**STATE of DELAWARE**  
**CERTIFICATE of AMENDMENT**  
*to*  
**CERTIFICATE of FORMATION**

This Amendment to Certificate of Formation of Application Development Consultants, LLC (the "Company") is being executed and filed by the undersigned to amend the Company's Certificate of Formation (the "Certificate"), pursuant to the Delaware Limited Liability Company Act.

1. The First paragraph of the Certificate is hereby amended to change the name of the Company to be as follows:

"The name of the limited liability company is Upshop LLC"

IN WITNESS WHEREOF, the undersigned authorized person of the Company has executed this Certificate of Amendment to Certificate of Formation as of the 27<sup>th</sup> day of September, 2024.

By: /s/ Arthur Tingas  
Arthur Tingas, Authorized Person

# Potomac LAW GROUP

Potomac Law Group PLLC

1717 Pennsylvania Avenue N.W., Suite 1025 | Washington, D.C. 20006  
T 202.558.5557 | F 202.318.7707 | [www.potomaclaw.com](http://www.potomaclaw.com)

November 20, 2025

*Via Federal Express*

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Amendment to Certificate of Authority

To Whom It May Concern:

Please find attached the executed Amendment to Certificate of Authority, together with the Delaware Certificate of Amendment and our check for \$25.00 for the filing fee. Please file and submit an emailed copy back to me. My email address is: [sdukes@potomaclaw.com](mailto:sdukes@potomaclaw.com).

Thank you,

*Summer R. Dukes*

Summer R. Dukes